Blood-Stream Infection (CDC)

From: Ovington, Liza [ETHUS] [LOvingt@its.jnj.com]

Sent: Thursday, December 03, 2009 5:00 PM

To: Blood-Stream Infection (CDC)

Subject: Comments on Updated Guidelines for the Prevention of Intravascular Catheter-Related Infections

Dear Committee,

I wish to commend you on the considerable effort to update the guidelines, and thank you for the opportunity to comment on the draft. This revision is long anticipated. As the distribution company of Biopatch® Protective Disk with CHG, we are pleased to see the addition of this technology into the guidelines. As you know, Biopatch® is a foam disk that releases chlorhexidine over seven days, providing protection against catheter-related bloodstream infections (CRBSI). As you note in your report, use of a CHG sponge dressing has been shown conclusively to reduce CRBSI.

The draft guidelines were prepared, in part, prior to certain data coming to light. We believe this recently released data should be considered and incorporated into the final guidelines, and respectfully offer the following comments for your consideration.

1. We feel the preponderance of clinical evidence for chlorhexidine impregnated sponge dressings supports a 1A designation. The requirement for a 1A designation is that the practice be *"supported by well-designed experimental, clinical, or epidemiological studies.*" In October 2008 the SHEA/IDSA guidelines designated chlorhexidine impregnated sponge dressings as B1 classification based on three referenced clinical studies (Levy, Garland and Ho). In the time since the SHEA/IDSA guidelines were issued, two additional well-designed randomized controlled trials (Timsit and Ruschulte) have published, which we believe now supports a 1A designation.

2. Your proposed recommendation to use a chlorhexidine impregnated sponge dressing is not a universal one, but qualified as a recommendation for use when the institution's CRBSI rate is perceived as higher than their target. In other words, CHG sponge is not part of the first line defense but only when other measures have failed to reach their goal. We feel the qualified recommendation does not consider the cost effectiveness case made so well in the Ruschulte 2009 article (the benefit: cost ratio of the NNT of 19 is more than favorable). In line 509, when citing the Timsit 2009 article, you note that CHG sponge dressing decreases the infection rate "even when background rates of infection were low." (rates decreased from 1.4 per 1000 catheter line days to 0.40), this strongly argues for routine use. In light of CMS non reimbursement and wide use of institutional goals targeting zero, we urge you to expand the recommendation advocating for routine use of CHG sponge dressing as an effective and cost efficient means to reach the goal of zero CRBSI.

3. For purposes of clarity, we recommend the consistent use of the technology descriptor (i.e. "chlorhexidine impregnated sponge dressings"). This descriptor is used consistently throughout the document, except on line 506, which uses the descriptor "chlorhexidine impregnated dressings". The omission of the word "sponge" may just represent a typographical oversight.

Thank you for consideration of these recommendations.

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